



GEORGIA MEDICAID FEE-FOR-SERVICE BIOLOGIC IMMUNOMODULATORS PA SUMMARY

Preferred	Non-Preferred
<p>Arcalyst (rilonacept) Benlysta subcutaneous (belimumab) Enbrel (etanercept) Humira (adalimumab) Ilaris (canakinumab) Xeljanz (tofacitinib) Xeljanz XR (tofacitinib extended-release)</p>	<p>Actemra Subcutaneous (tocilizumab) Cimzia (certolizumab) Cosentyx (secukinumab) Dupixent (dupilumab) Enspryng (satralizumab-mwge) Fasenra Pen (benralizumab autoinjector) Kevzara (sarilumab) Kineret (anakinra) Nucala Pen (mepolizumab autoinjector) Olumiant (baricitinib) Orencia Subcutaneous (abatacept) Otezla (apremilast) Rinvoq (upadacitinib) Siliq (brodalumab) Simponi (golimumab) Stelara (ustekinumab) Skyrizi (risankizumab) Taltz (ixekizumab) Tremfya (guselkumab)</p>

The drug names above include all available oral or subcutaneous formulations under the same primary name.

LENGTH OF AUTHORIZATION: Varies

NOTES:

- All preferred and non-preferred products require prior authorization. Intravenous (IV) formulations of the biologic immunomodulators are not covered under Pharmacy Services.
- **The criteria details below are for the outpatient pharmacy program.** If a medication is being administered in a physician's office or clinic, then the medication must be billed through the DCH physician services program and not the outpatient pharmacy program. Information regarding the physician services program is located at www.mmis.georgia.gov.

PA CRITERIA:

Actemra Subcutaneous

- ❖ Approvable for members 2 years of age or older with a diagnosis of moderately to severely active polyarticular juvenile idiopathic arthritis (JIA) who have tried methotrexate, Enbrel and Humira for 3 months each and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions or intolerable side effects with methotrexate, Enbrel and Humira.
- ❖ Approvable for members 18 years of age or older with a diagnosis of moderately to severely active rheumatoid arthritis (RA) who have tried methotrexate, alone or in combination with another disease modifying antirheumatic drug (DMARD), and two of the following, Xeljanz,



Enbrel and Humira, for 3 months each and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions or intolerable side effects with methotrexate and two of the following: Xeljanz, Enbrel and Humira.

- ❖ Approvable for members 18 years of age or older with a diagnosis of giant cell (temporal) arteritis when used in combination with a tapering course of glucocorticoid.
- ❖ Member's absolute neutrophil count (ANC) must be ≥ 2000 cells/mm³, platelet count must be $\geq 100,000$ cells/mm³ and alanine aminotransferase (ALT) and aspartate aminotransferase (AST) must be within normal limits or < 1.5 times the upper limit of normal.

Arcalyst

- ❖ Approvable for members 12 years of age or older with a diagnosis of cryopyrin-associated periodic syndromes (CAPS, including familial cold auto-inflammatory syndrome [FCAS] and Muckle-Wells syndrome [MWS]).
- ❖ Approvable for members 10 kg or older with a diagnosis of deficiency of interleukin-1 receptor antagonist (DIRA).

Benlysta

- ❖ Approvable for members 18 years of age or older with a diagnosis of active systemic lupus erythematosus (SLE) confirmed by an anti-nuclear antibody (ANA) titer $\geq 1:80$ or an anti-double stranded DNA (anti-dsDNA) titer ≥ 30 IU/mL who are experiencing disease activity with standard treatment consisting of corticosteroid (e.g. prednisone, methylprednisolone, prednisolone), antimalarial (e.g. chloroquine, hydroxychloroquine) or immunosuppressive (e.g. azathioprine, oral cyclophosphamide, methotrexate, mycophenolate).
- ❖ Approvable for members 18 years of age or older with a diagnosis of active lupus nephritis who are experiencing disease activity with standard treatment consisting of corticosteroid (e.g. prednisone, methylprednisolone, prednisolone), antimalarial (e.g. chloroquine, hydroxychloroquine) or immunosuppressive (e.g. azathioprine, oral cyclophosphamide, methotrexate, mycophenolate).

Cimzia

- ❖ Approvable for members 18 years of age or older with a diagnosis of moderately to severely active Crohn's disease (CD) who have tried Humira for 3 months and failed to achieve an adequate response, or who have an allergy, contraindication, drug-drug interaction or intolerable side effect with Humira.
- ❖ Approvable for members 18 years of age or older with a diagnosis of active ankylosing spondylitis (AS) who have tried Enbrel and Humira for 3 months each and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions or intolerable side effects with Enbrel and Humira.
- ❖ Approvable for members 18 years of age or older with a diagnosis of moderately to severely active rheumatoid arthritis (RA) or active psoriatic arthritis (PsA) who have tried two of the following, Xeljanz, Enbrel and Humira, for 3 months each and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions or intolerable side effects with two of the following: Xeljanz, Enbrel and Humira.
- ❖ Approvable for members 18 years of age or older with a diagnosis of moderate to severe plaque psoriasis (PsO) with $\geq 10\%$ of body surface area involvement who have tried phototherapy, Enbrel and Humira for 3 months each and failed to achieve an adequate response, or who are unable to tolerate or try phototherapy due to logistical issues and who



have allergies, contraindications, drug-drug interactions or intolerable side effects with Enbrel and Humira.

- ❖ Approvable for members 18 years of age or older with a diagnosis of active non-radiographic axial spondyloarthritis (nr-axSpA) who have objective signs of inflammation confirmed by C-reactive protein (CRP) levels above the upper limit of normal (ULN) or sacroiliitis on magnetic resonance imaging (MRI) and who have tried at least two nonsteroidal antiinflammatory drugs (NSAIDs) at maximally-tolerated doses for at least 4 weeks and failed to achieve an adequate response, or who have an allergy, contraindication, drug-drug interaction or intolerable side effect to NSAIDs.

Cosentyx

- ❖ Approvable for members 18 years of age or older with a diagnosis of moderate to severe plaque psoriasis (PsO) with $\geq 10\%$ of body surface area involvement who have tried phototherapy and Humira for 3 months each and failed to achieve an adequate response, or who are unable to tolerate or try phototherapy due to logistical issues and who have an allergy, contraindication, drug-drug interaction or intolerable side effect with Humira.
- ❖ Approvable for members 18 years of age or older with a diagnosis of active ankylosing spondylitis who have tried Enbrel and Humira for 3 months each and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions or intolerable side effects with Enbrel and Humira.
- ❖ Approvable for members 18 years of age or older with a diagnosis of active psoriatic arthritis who have tried Xeljanz, Enbrel and Humira and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions or intolerable side effects with Xeljanz, Enbrel and Humira.
- ❖ Approvable for members 18 years of age or older with a diagnosis of active non-radiographic axial spondyloarthritis (nr-axSpA) who have objective signs of inflammation confirmed by C-reactive protein (CRP) levels above the upper limit of normal (ULN) or sacroiliitis on magnetic resonance imaging (MRI) and who have tried at least two nonsteroidal antiinflammatory drugs (NSAIDs) at maximally-tolerated doses for at least 4 weeks and failed to achieve an adequate response, or who have an allergy, contraindication, drug-drug interaction or intolerable side effect to NSAIDs.

Dupixent

- ❖ Approvable for members 6 years of age or older with a diagnosis of moderate atopic dermatitis (eczema) with $\geq 10\%$ of body surface area involvement who have tried medium to very high potency topical corticosteroids, Eucrisa and topical pimecrolimus (Elidel) or topical tacrolimus (Protopic) and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions or intolerable side effects with topical corticosteroids, Eucrisa and topical pimecrolimus (Elidel) or topical tacrolimus (Protopic).
- ❖ Approvable for members 6 years of age or older with a diagnosis of severe atopic dermatitis (eczema) with $\geq 10\%$ of body surface area involvement who have tried medium to very high potency topical corticosteroids and topical tacrolimus (Protopic) and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions or intolerable side effects with topical corticosteroids and topical tacrolimus (Protopic).
- ❖ Approvable for members 12 years of age or older with a diagnosis of moderate to severe asthma of eosinophilic phenotype (eosinophil count ≥ 150 cells/mcL) who have tried a medium-to-high dose inhaled corticosteroid with a long-acting beta agonist or other non-



corticosteroid controller medication and failed to achieve asthma control and when the medication is being added on to the member's current maintenance asthma therapy.

- ❖ Approvable for members 12 years of age or older with a diagnosis of moderate to severe asthma who are dependent on an oral corticosteroid and who have tried a high dose inhaled corticosteroid with a long-acting beta agonist or other non-corticosteroid controller medication and failed to achieve asthma control and when the medication is being added on to the member's current maintenance asthma therapy.
- ❖ Approvable for members 18 years of age or older with a diagnosis of chronic rhinosinusitis with nasal polyposis who have tried oral corticosteroid therapy and failed to achieve an adequate response or the member is not a candidate for oral corticosteroid therapy and who are currently using an intranasal corticosteroid therapy and failed to achieve an adequate response.

Enbrel

- ❖ Approvable for members 18 years of age or older with a diagnosis of moderately to severely active rheumatoid arthritis when the member has tried methotrexate alone or in combination with another DMARD for 3 months and failed to achieve an adequate response.
- ❖ Approvable for members 18 years of age or older with a diagnosis of active psoriatic arthritis when the member has tried a generic DMARD and failed to achieve an adequate response.
- ❖ Approvable for members 18 years of age or older with a diagnosis of active ankylosing spondylitis when the member has tried two nonsteroidal antiinflammatory drugs (NSAIDs) and failed to achieve an adequate response OR when NSAIDs are contraindicated.
- ❖ Approvable for members 4 years of age or older with a diagnosis of moderate to severe plaque psoriasis with $\geq 10\%$ of body surface area involvement when the member has tried phototherapy for 3 months as well as topical AND systemic therapy and failed to achieve an adequate response.
- ❖ Approvable for members 2 years of age or older with a diagnosis of moderately to severely active juvenile idiopathic arthritis (JIA)/juvenile rheumatoid arthritis (JRA) when the member has tried methotrexate for 3 months and failed to achieve an adequate response OR when methotrexate is contraindicated.

Enspryng

- ❖ Approvable for members 18 years of age or older with a diagnosis of neuromyelitis optica spectrum disorder (NMOSD) who are anti-aquaporin-4 (AQP4) antibody positive and who have a core clinical characteristic of NMOSD and have experienced at least one relapse in the last 12 months or two relapses in the last 2 years on current therapy.

Fasenra Pen

- ❖ Approvable for members 12 years of age or older with a diagnosis of severe asthma of eosinophilic phenotype (eosinophil count ≥ 150 cells/mcL) who have tried a high dose inhaled corticosteroid with a long-acting beta agonist or other non-corticosteroid controller medication and failed to achieve asthma control and when the medication is being added on to the member's current maintenance asthma therapy.

Humira

- ❖ Approvable for members 18 years of age or older with a diagnosis of moderately to severely active rheumatoid arthritis when the member has tried methotrexate alone or in combination with another DMARD for 3 months and failed to achieve an adequate response.



- ❖ Approvable for members 6 years of age or older with a diagnosis of moderately to severely active Crohn's disease when the member has tried conventional therapy (corticosteroids, immunosuppressants, sulfasalazine, mesalamine) and failed to achieve an adequate response.
- ❖ Approvable for members 18 years of age or older with a diagnosis of active psoriatic arthritis when the member has tried a generic DMARD and failed to achieve an adequate response.
- ❖ Approvable for members 18 years of age or older with a diagnosis of active ankylosing spondylitis when the member has tried two NSAIDs and failed to achieve an adequate response OR when NSAIDs are contraindicated.
- ❖ Approvable for members 18 years of age or older with a diagnosis of moderate to severe plaque psoriasis with $\geq 10\%$ of body surface area involvement when the member has tried phototherapy for 3 months as well as topical AND systemic therapy and failed to achieve an adequate response.
- ❖ Approvable for members 2 years of age or older with a diagnosis of moderately to severely active polyarticular juvenile idiopathic arthritis/juvenile rheumatoid arthritis when the member has tried methotrexate for 3 months and failed to achieve an adequate response OR when methotrexate is contraindicated.
- ❖ Approvable for members 18 years of age or older with a diagnosis of moderately to severely active ulcerative colitis (UC) when the member has tried oral or intravenous corticosteroids AND at least one of the following: 6-mercaptopurine or azathioprine and failed to achieve an adequate response.
- ❖ Approvable for members 12 years of age or older with a diagnosis of moderate to severe hidradenitis suppurativa (acne inversa) who have tried oral antibiotic therapy and failed to achieve an adequate response.
- ❖ Approvable for members 2 years of age or older with a diagnosis of non-infectious intermediate uveitis, posterior uveitis or panuveitis when the member has tried antimetabolite (e.g., azathioprine, methotrexate, mycophenolate mofetil) or calcineurin inhibitor therapy (e.g., cyclosporine, tacrolimus) and failed to achieve an adequate response.

Ilaris

- ❖ Approvable for members 4 years of age or older with a diagnosis of cryopyrin-associated periodic syndromes (CAPS; includes familial cold auto-inflammatory syndrome [FCAS] and Muckle-Wells syndrome [MWS]).
- ❖ Approvable for members 2 years of age or older with a diagnosis of active systemic juvenile idiopathic arthritis (SJIA) when the member has tried Enbrel AND Humira for 3 months each and failed to achieve an adequate response.
- ❖ Approvable for members 2 years of age or older with a diagnosis of tumor necrosis factor receptor (TNF) associated periodic syndrome (TRAPS), hyperimmunoglobulin D syndrome (HIDS)/mevalonate kinase deficiency (MKD) or familial Mediterranean fever (FMF).
- ❖ Approvable for members 2 years of age or older with a diagnosis of active Still's disease (SD), including adult-onset Still's disease (AOSD), who have tried a glucocorticoid (i.e., prednisone) for 2 months and failed to achieve an adequate response or was unable to lower dose.

Kevzara

- ❖ Approvable for members 18 years of age or older with a diagnosis of moderately to severely active rheumatoid arthritis (RA) who have tried two of the following, Xeljanz, Enbrel and Humira, for 3 months each and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions or intolerable side effects with two of the following: Xeljanz, Enbrel and Humira.



- ❖ Member's absolute neutrophil count (ANC) must be ≥ 2000 cells/mm³, platelet count must be $\geq 150,000$ cells/mm³ and alanine aminotransferase (ALT) and aspartate aminotransferase (AST) must be within normal limits or < 1.5 times the upper limit of normal.

Kineret

- ❖ Approvable for members 18 years of age or older with a diagnosis of moderately to severely active rheumatoid arthritis (RA) who have tried two of the following, Xeljanz, Enbrel and Humira, for 3 months each and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions or intolerable side effects with two of the following: Xeljanz, Enbrel and Humira.
- ❖ Approvable for members with a diagnosis of neonatal-onset multisystem inflammatory disease (NOMID) associated with cryopyrin-associated periodic syndromes (CAPS).
- ❖ Approvable for members with a diagnosis of deficiency of interleukin-1 receptor antagonist (DIRA).

Nucala Pen

- ❖ Approvable for members 6 years of age or older with a diagnosis of severe asthma of eosinophilic phenotype (eosinophil count ≥ 150 cells/mcL) who have tried a high dose inhaled corticosteroid with a long-acting beta agonist or other non-corticosteroid controller medication and failed to achieve asthma control and have experienced 2 or more exacerbations in the previous 12 months and when the medication is being added on to the member's current maintenance asthma therapy.
- ❖ Approvable for members 18 years of age or older with a diagnosis of eosinophilic granulomatosis with polyangiitis (EGPA) who have tried glucocorticoid (e.g., prednisone, methylprednisolone, prednisolone) in combination with an immunosuppressant (e.g., cyclophosphamide, azathioprine, methotrexate, leflunomide) for at least 6 months and failed to achieve an adequate response or who have allergies, contraindications, drug-drug interactions or intolerable side effects to glucocorticoids and immunosuppressants.
- ❖ Approvable for member 12 years of age or older with a diagnosis of hypereosinophilic syndrome (HES) for at least 6 months without an identifiable non-hematologic secondary cause who have an eosinophil count ≥ 1000 cells/mcL and who have been on stable HES therapy (e.g., corticosteroid, immunosuppressive and/or cytotoxic therapy) and have experienced 2 or more flares in the previous 12 months.

Olumiant and Rinvoq

- ❖ Approvable for members 18 years of age or older with a diagnosis of moderately to severely active rheumatoid arthritis who have tried methotrexate, alone or in combination with another DMARD, as well as two of the following: Xeljanz, Enbrel and Humira for 3 months each and failed to achieve an adequate response or who have allergies, contraindications, drug-drug interactions or intolerable side effects with two of the following: Xeljanz, Enbrel and Humira.
- ❖ Member's absolute lymphocyte count (ALC) must be ≥ 500 cells/mm³, absolute neutrophil count (ANC) must be ≥ 1000 cells/mm³ and hemoglobin ≥ 8 g/dL.

Orencia Subcutaneous

- ❖ Approvable for members 18 years of age or older with a diagnosis of moderately to severely active rheumatoid arthritis (RA) who have tried methotrexate, alone or in combination with another disease modifying antirheumatic drug (DMARD), and two of the following, Xeljanz,



Enbrel and Humira, for 3 months each and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions or intolerable side effects with two of the following: Xeljanz, Enbrel and Humira.

- ❖ Approvable for members 18 years of age or older with a diagnosis of active psoriatic arthritis (PsA) who have tried two of the following, Xeljanz, Enbrel and Humira, for 3 months each and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions or intolerable side effects with two of the following: Xeljanz, Enbrel and Humira.
- ❖ Approvable for members 2 years of age or older with a diagnosis of moderately to severely active juvenile idiopathic arthritis/juvenile rheumatoid arthritis who have tried Enbrel and Humira for 3 months each and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions or intolerable side effects with Enbrel and Humira.

Otezla

- ❖ Approvable for members 18 years of age or older with a diagnosis of active psoriatic arthritis when the member has tried at least two preferred DMARDs and failed to achieve an adequate response.
- ❖ Approvable for members 18 years of age or older with moderate to severe plaque psoriasis with $\geq 10\%$ of body surface area involvement who have tried phototherapy for 3 months or who are unable to tolerate or try phototherapy due to logistical issues and who have tried two preferred systemic therapies and failed to achieve an adequate response.
- ❖ Approvable for members 18 years of age or older with a diagnosis of at least 2 active oral ulcers associated with Behcet's disease and when other causes of the oral ulcers have been ruled out.

Siliq

- ❖ Approvable for members 18 years of age or older with a diagnosis of moderate to severe plaque psoriasis (PsO) with $\geq 10\%$ of body surface area involvement who have tried phototherapy, Enbrel and Humira for 3 months each and failed to achieve an adequate response, or who are unable to tolerate or try phototherapy due to logistical issues and who have allergies, contraindications, drug-drug interactions or intolerable side effects with Enbrel and Humira.

Simponi

- ❖ Approvable for members 18 years of age or older with a diagnosis of moderately to severely active rheumatoid arthritis (RA) in combination with methotrexate who have tried two of the following, Xeljanz, Enbrel and Humira, for 3 months each and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions or intolerable side effects with methotrexate and two of the following: Xeljanz, Enbrel and Humira.
- ❖ Approvable for members 18 years of age or older with a diagnosis of active ankylosing spondylitis who have tried Enbrel and Humira for 3 months each and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions or intolerable side effects with Enbrel and Humira.
- ❖ Approvable for members 18 years of age or older with a diagnosis of moderately to severely active ulcerative colitis who have tried Humira for 3 months each and failed to achieve an adequate response, or who have an allergy, contraindication, drug-drug interaction or intolerable side effect with Humira.



- ❖ Approvable for members 18 years of age or older with a diagnosis of active psoriatic arthritis (PsA) who have tried two of the following, Xeljanz, Enbrel and Humira, for 3 months each and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions or intolerable side effects with two of the following: Xeljanz, Enbrel and Humira.

Skyrizi

- ❖ Approvable for members 18 years of age or older with a diagnosis of moderate to severe plaque psoriasis (PsO) with $\geq 10\%$ of body surface area involvement who have tried phototherapy and Humira for 3 months each and failed to achieve an adequate response, or who are unable to tolerate or try phototherapy due to logistical issues and who have an allergy, contraindication, drug-drug interaction or intolerable side effect with Humira.

Stelara

- ❖ Approvable for member 6 years of age or older with a diagnosis of moderate to severe plaque psoriasis with $\geq 10\%$ of body surface area involvement who have tried phototherapy, Enbrel and Humira for 3 months each and failed to achieve an adequate response, or who are unable to tolerate or try phototherapy due to logistical issues and who have allergies, contraindications, drug-drug interactions or intolerable side effects with Enbrel and Humira.
- ❖ Approvable for members 18 years of age or older with a diagnosis of active psoriatic arthritis (PsA) who have tried two of the following, Xeljanz, Enbrel and Humira, for 3 months each and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions or intolerable side effects with two of the following: Xeljanz, Enbrel and Humira.
- ❖ Approvable for members 18 years of age or older with a diagnosis of moderately to severely active Crohn's disease (CD) who have tried Humira for 3 months and failed to achieve an adequate response, or who have an allergy, contraindication, drug-drug interaction or intolerable side effect with Humira.
- ❖ Approvable for members 18 years of age or older with a diagnosis of moderately to severely active ulcerative colitis (UC) who have tried oral or intravenous corticosteroids and at least one of the following: 6-mercaptopurine or azathioprine and failed to achieve an adequate response and who have tried Humira for 3 months each and failed to achieve an adequate response, or who have an allergy, contraindication, drug-drug interaction or intolerable side effect with Humira.

Taltz

- ❖ Approvable for members 6-17 years of age or older with a diagnosis of moderate to severe plaque psoriasis (PsO) with $\geq 10\%$ of body surface area involvement who have tried phototherapy as well as Enbrel and Humira for 3 months each and failed to achieve an adequate response, or who are unable to tolerate or try phototherapy due to logistical issues and who have an allergy, contraindication, drug-drug interaction or intolerable side effect with Humira.
- ❖ Approvable for members 18 years of age or older with a diagnosis of moderate to severe plaque psoriasis (PsO) with $\geq 10\%$ of body surface area involvement who have tried phototherapy and Humira for 3 months each and failed to achieve an adequate response, or who are unable to tolerate or try phototherapy due to logistical issues and who have an allergy, contraindication, drug-drug interaction or intolerable side effect with Humira.



- ❖ Approvable for members 18 years of age or older with a diagnosis of active psoriatic arthritis (PsA) who have tried two of the following, Xeljanz, Enbrel and Humira, for 3 months each and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions or intolerable side effects with two of the following: Xeljanz, Enbrel and Humira.
- ❖ Approvable for members 18 years of age or older with a diagnosis of active ankylosing spondylitis (AS) who have tried Enbrel and Humira for 3 months each and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions or intolerable side effects with Enbrel and Humira.
- ❖ Approvable for members 18 years of age or older with a diagnosis of active non-radiographic axial spondyloarthritis (nr-axSpA) who have objective signs of inflammation confirmed by C-reactive protein (CRP) levels above the upper limit of normal (ULN) or sacroiliitis on magnetic resonance imaging (MRI) and who have tried at least two nonsteroidal antiinflammatory drugs (NSAIDs) at maximally-tolerated doses for at least 4 weeks and failed to achieve an adequate response, or who have an allergy, contraindication, drug-drug interaction or intolerable side effect to NSAIDs.

Tremfya

- ❖ Approvable for members 18 years of age or older with a diagnosis of moderate to severe plaque psoriasis (PsO) with $\geq 10\%$ of body surface area involvement who have tried phototherapy and Humira for 3 months each and failed to achieve an adequate response, or who are unable to tolerate or try phototherapy due to logistical issues and who have an allergy, contraindication, drug-drug interaction or intolerable side effect with Humira.
- ❖ Approvable for members 18 years of age or older with a diagnosis of active psoriatic arthritis (PsA) who have tried two of the following, Xeljanz, Enbrel and Humira, for 3 months each and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions or intolerable side effects with two of the following: Xeljanz, Enbrel and Humira.

Xeljanz and Xeljanz XR

- ❖ Approvable for members 18 years of age or older with a diagnosis of moderately to severely active rheumatoid arthritis (RA) who have tried methotrexate alone or in combination with another DMARD for 3 months and failed to achieve an adequate response.
- ❖ Approvable for members 18 years of age or older with a diagnosis of active psoriatic arthritis (PsA) who have tried a generic DMARD and failed to achieve an adequate response and who will use concurrent therapy with a nonbiologic DMARD.
- ❖ Approvable for members 18 years of age or older with a diagnosis of moderately to severely active ulcerative colitis (UC) who have tried oral or intravenous corticosteroids and at least one of the following: 6-mercaptopurine or azathioprine and failed to achieve an adequate response and who have tried Humira for 3 months each and failed to achieve an adequate response, or who have an allergy, contraindication, drug-drug interaction or intolerable side effect with Humira and when the lowest effective dose for the shortest duration needed to achieve/maintain therapeutic response will be used.
- ❖ Approvable for members 12 years of age or older with a diagnosis of active polyarticular course juvenile idiopathic arthritis (pcJIA) who have tried methotrexate for 3 months and failed to achieve an adequate response unless methotrexate is contraindicated.
- ❖ Member's absolute lymphocyte count (ALC) must be ≥ 500 cells/mm³, absolute neutrophil count (ANC) must be ≥ 1000 cells/mm³ and hemoglobin ≥ 9 g/dL.



- ❖ In addition to meeting the criteria above for Xeljanz XR, prescriber must also submit a written letter of medical necessity stating the reasons Xeljanz (regular-release) is not appropriate for the member.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.